Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA
Thursday, February 27, 2014 at 9:00 a.m.

Samantha Kuryla, Chair **Brad Gammell, Vice Chair**

Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**
2. **MOMENT OF SILENCE**
3. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Excused Absences and Appointment of Alternates
   d. Approval of 2/27/14 Meeting Agenda
   e. Approval of 1/23/14 Meeting Minutes
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
6. **CONSENT ITEMS**

Consent # 1	**To remove Joey Wynn as a member of the Broward County HIV Health Services Planning Council** (representing Social Service Providers, including Providers of Housing and Homeless Services) due to a change in his professional responsibilities such that he no longer represents the constituency for which he was originally appointed. (originally appointed to represent Broward House)
Justification	**Membership Council/Development Committee Policies and Procedures** state that: The Committee will review the status of current members and alternates who: -Fail to maintain the status to represent the membership category set forth in the Act -Fail to maintain qualifications set forth in Broward County Resolution #94-1286 At such time as a member's professional responsibilities change such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the Membership policies and procedures. The member shall have the ability to reapply for membership to the Council. Social Service Providers, including Housing and Homeless Services Providers Job Description: a. Share information about how Council actions will affect social service agencies, providers and clients. b. When requested, provide data on funding sources and utilization by their HIV/AIDS clients. **HRSA Policy Notice-11-03: Residence of Planning Council Members and Consortia Members** states that: "to qualify for organizational representation on a Council, the representative from the organization listed below ***must provide services within the geographic boundaries of the EMA***/TGA" - c. Social service providers, including providers of housing and homeless services.
Proposed by:	Executive Committee

Consent # 2	To request professional help with the Membership/Council Development Committee Recruitment Plan. A subcommittee to be set up for 60 days to report back to the Membership Committee what items should be included in the Recruitment Plan and to determine the appropriate professional help needed. Each Chair will be asked to appoint a member.
Justification	To have a feasible and realistic recruitment strategy that can be followed by the Membership/Council Development Committee as well as the HIV Planning Council.
Proposed by:	Executive Committee

Consent #3	To appoint Lakytia Clayton to the Joint Client/Community Relations Committee
Justification	Ms. Clayton has shown commitment to attending meetings and dedication to attending and helping with JCCR's community events.
Proposed by:	Joint Client/Community Relations Committee

Consent #4	To appoint Karen Creary to the Joint Client/Community Relations Committee
Justification	Ms. Creary has a longstanding commitment to the committee.
Proposed by:	Joint Client/Community Relations Committee

7. DISCUSSION ITEMS

Discussion #1	To approve the Policies and Procedures as written on February 20, 2014, with the exception of the job description of alternate members.
Justification:	Review of Policies and Procedures for any needed changes are part of the annual workplan.
Action:	Membership/Council Development Committee

8. FEBRUARY COMMITTEE REPORTS

a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

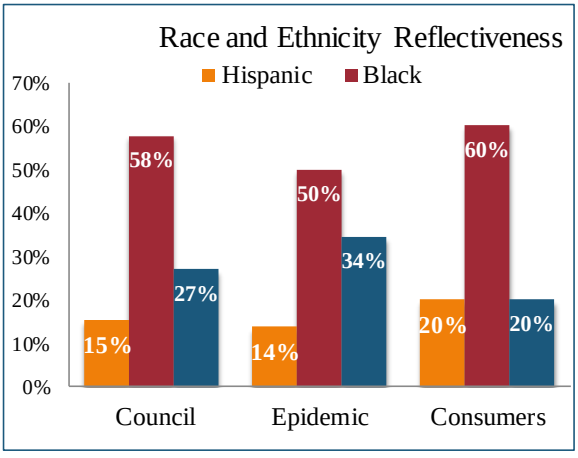
February 20, 2014 *Chair: H.B. Katz, Vice Chair: T. Wilson*

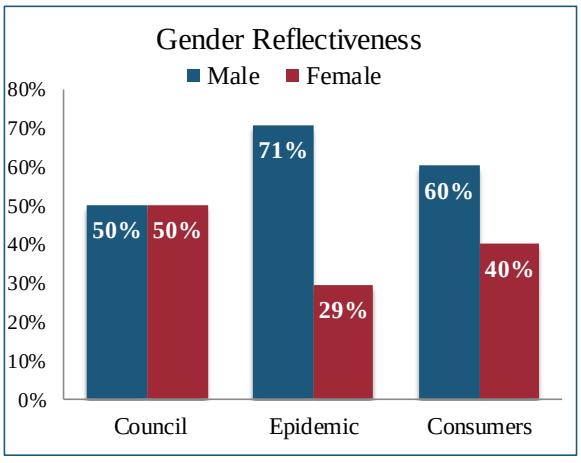
HIV Planning Council Membership Report for February 20, 2014

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	13	11,836	6	Male	50%	71%	60%
Female	13	4,944	4	Female	50%	29%	40%
	26	16,780	10		100%	100%	100%
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
Hispanic	4	2,290	2	Hispanic	15%	14%	20%
Black	15	8,361	6	Black	58%	50%	60%
White	7	5,772	2	White	27%	34%	20%
Other	0	357	0	Other	0	2%	0
	26	16,780	10		100%	100%	100%

Percent of Planning Council Members That Are Unaffiliated Consumers

38%





Current Members	26
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Vacant Seats
Grantees of Other Fed HIV Programs - Prevention
Hospital/Health Care Planning Agencies
Local Public Health Agencies
Rep for Former Fed/State/Local Prisoners

Council cannot be comprised of more than 40% of Ryan White Part A Providers
No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time

The following HIV Planning Council (HIVPC) seats are currently vacant:

- Grantees of Other Federal HIV Programs – Prevention
- Hospital/Healthcare Planning Agencies
- Local Public Health Agencies
- Representative for Former Federal/State/Local Prisoners

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC) (Continued)

A. Work Plan Item Update / Status Summary:

Emerging Issues – The Committee discussed the issue of a HIVPC member changing employment, and motioned to recommend the removal of this member in accordance with MCDC Policies & Procedures regarding employment. The Committee also reviewed vacancies on the HIVPC and agreed to go over active applicants that may be able to fill these seats at the next meeting.

Work Plan Item 1.1-- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA. Members were informed that there are currently 26 Council members; 38% of which are unaffiliated consumers.

Work Plan Item 5.1 -- Members reviewed committee accomplishments and answered questions for the annual evaluation. The Committee did not feel that anything needed to be taken off their work plan, but did feel that the recruitment plan needs to be a focal point of the upcoming fiscal year. Members made a motion to approve all of the changes to the policies & procedures, with the exception of the job description for HIVPC alternate members.

Work Plan Item 2.1-- Members tabled further review of the recruitment and retention plan. Staff will continue to research recruit strategies of other Planning Councils. It was noted by member that the Committee may need professional help to create a feasible recruitment and retention plan. A motion was made to create a 60-day subcommittee to explore the rationale and need for bringing in a professional to help with the recruitment plan.

Work Plan Item 4.2, 5.2-- The Committee decided on the Ryan White legislation and implementation process as the first training to be held at the May HIVPC meeting.

Work Plan Item 1.11—Members continued their discussion of recognizing HIVPC members at the upcoming Planning Council Retreat with a small gift.

Mentoring Program – Member discussed that the mentoring program has faltered, and that there have been issues getting volunteers to be mentors.

B. Rationale for Recommendations:

The Committee approved the recommendation for the removal of Joey Wynn from the HIVPC, in accordance with the MCDC Policies & Procedures regarding a change in employment. The Committee also made a motion to approve all changes to the policies & procedures with the exception of the alternate member job description, and a motion for a 60-day subcommittee to explore hiring a professional to help with the recruitment plan.

C. Data Reports / Data Review Updates:

The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.

D. Data Requests:

The Committee requested that Staff continue to research recruitment strategies of other EMAs.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Review and Update Policies & Procedures. *Next Meeting Date*: March 6, 2014- 9:30 a.m. - room A-335 at the Governmental Center.

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
February 4, 2014 ___ *Part A Co-Chair: Y. Reed, Part B Co-Chair: L. Washington*

A. Work Plan Item Update / Status Summary:

Work Plan Item 1.2 – Members recapped the last Hot Topic on the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program and the Affordable Care Act (ACA). Members noted that conducting more than one Hot Topic presentation in a meeting does not allow enough time for each topic. All presenters will be invited back to present upcoming meetings.

Members discussed potential Hot Topics. One member mentioned that there should be more information regarding the Affordable Care Act. Members discussed AIDS Drug Assistance Program (ADAP) changes to the administrative rule. Members requested that the Part B Grantee present the new ADAP Eligibility information once administrative documentation has been released. It was also suggested that a representative from the Broward County Prevention Planning Council present at an upcoming meeting. The Committee requested that a representative from Legal Aid conduct the next "Hot Topic" presentation at the March meeting.

Work Plan Item 2.3 – Members discussed client turnout at the World AIDS Day event held on December 3, 2013 and Consumer Forum held on December 4, 2013. It was suggested that members consider different recruiting strategies including social marketing platforms to advertise for events. Members felt there should be greater collaboration between organizations when developing a World AIDS Day event. There was also discussion regarding the Consumer Forum. Members found that participation was good and the forum was informative in exposing needs in client education.

Work Plan Item 2.2 –The Committee discussed targeting the Hispanic community at the next community event. There was also discussion regarding the reasons some clients might not want to attend events focused only on HIV/AIDS or Ryan White. Barriers to attending the events were also discussed, including transportation, food, and stigma. It was requested that information be given about Medicaid PAC Waiver. Members were requested to bring ideas of the venue and target population for the next community event. Further discussion regarding the 1st community event for FY14-15 will continue at the next meeting.

Work Plan Item 4.1 – This item was tabled due to potential changes to the FY 2014-2015 Work Plan.

B. Rationale for Recommendations:

Members unanimously voted to add Lakytia Clayton as a member of the JCCR committee due to her commitment to attending meetings as well as her dedication to attending and helping with JCCR's community events. Members also unanimously voted to add Karen Creary as a member of the JCCR Committee due to her longstanding commitment to the committee.

C. Data Reports / Data Review Updates:

None

D. Data Requests:

Staff requested to: 1) research BTAN work and potential for collaboration, 2) research a venue location for the 1st community event, 3) send a user-friendly surveillance report to community members highlighting race/ethnicity by zip code as well as trends in HIV incidence, and 4) provide any information regarding planning for the community event as requested by members.

E. Other Business Items:

Agenda Items for Next Meeting: Client participation; Hot Topic Presentation; Update on FY 14-15 Work Plan; 1st Community Event; Annual Evaluation *Next Meeting Date*: March 4, 2014.

c. **JOINT PLANNING COMMITTEE**

Meeting cancelled *Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick*

The Joint Planning Committee is in the process of restructuring to work towards integration with HIV Prevention.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

Meeting cancelled *Chair: C. Grant*

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)**

February 19, 2014 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

A. Work Plan Item Update / Status Summary:
Presentation on Outreach Services in the Community- Members heard a presentation from Mr. Rodriguez and Mr. Jenkins from FLDOH-Broward County HIV Prevention regarding the PROACT pilot program. The program process involves a Disease Intervention Specialist (DIS) identifying clients who they believe are out of care and provide the clients' contact information to a coordinator who then follows up with the client and with the permission of the client, links them to care. HIV Prevention has made changes to ensure that as many barriers to care are removed for these clients. Currently 21 clients have been identified by the program to be out care in Broward; however, this number may be higher as program staff does not have information on clients enrolled in private insurance. It was noted that there has also been difficulty with gathering accurate reporting from physicians. It is the hope of those involved with PROACT that the program continues to get a better idea of who needs to be in care. Mr. Rodriguez and Mr. Jenkins have been invited to attend the upcoming MAI MCM Workgroup meeting to help provide input in the Part A MCM Service Delivery Model. LPAC Update- Members reviewed the cost effectiveness of adding Gardasil to the Part A formulary. It was noted that the CDC considers vaccination against HPV as a standard of care; however, it is very expensive. The Grantee is in support of adding Gardasil to the formulary to lower the expenses of follow-up care if a client does not receive the vaccination. Members discussed the possibility of looking to vaccinate female clients only. Members discussed current CDC recommendations for HPV vaccination for both the general population and those who are HIV+. AETC also recommends that all clients regardless of age be vaccinated. It was noted that it is a protective measure for individuals ages 9-26 in the general population; however, the efficacy of the vaccine decreases as age increases for both the general population those who are HIV+. The Grantee will conduct a cost analysis of utilization for Gardasil and bring forth a recommendation for LPAC to review. It was noted that allocations may shift it accommodate the addition of Gardasil to the formulary if the motion passes at PSRA. Assessment of the Administrative Mechanism- Members viewed the FY2013-2014 Monthly Invoice Tracking and Monthly Invoice Processing Day. The Grantee representative provided additional information about the timeframe beginning when claims are received to when a clean claim is processed. Members viewed the clean invoice processing versus the average processing for any invoice. It was noted that few invoices are initially submitted improperly and if so, the turnaround is usually within a day. Work Plan Item 2.2, 4.1—Members discussed the questions for committee self-assessment. There is a tool for the committee in the past. Members discussed accomplishments and challenges. It was noted that collaboration with other committees was a challenge. It was suggested that a Care Strategies subcommittee be created as an intermediary between receiving needs assessment data and making decisions. MAI MCM Work Group Update- The group met last month to identify a target population. At the next meeting, they will be reviewing evidence-based peer models to help determine the changes made to the model to meet the needs of clients.
B. Rationale for Recommendations:
None
C. Data Reports / Data Review Updates:
None
D. Data Requests:
None
E. Other Business Items:

Agenda Items for Next Meeting: Assessment of the Administrative Mechanism Survey; Grantee Reports; MAI MCM Work Group Update; Follow-up on Conflict of Interest Forms; Work Plan, Policies & Procedures. *Next Meeting Date*: March 19, 2014.

f. MAI MEDICAL CASE MANAGEMENT WORKGROUP

February 25, 2014 *Chair: M.Hayes*

A. Peer Based MCM Model Update / Status Summary:
Perspectives - The Group discussed client experiences with the current model. Members noted the current model was not being used the way it was originally intended and that the current model did not fully meet the needs of clients. It was noted that current standout components are outreach, training, and peer educators. A suggestion was made that Medical Case Management (MCM) be intensified to assist with getting clients from one point to the next, for example food stamp acquisition, or housing. Review of Peer Models - Members reviewed a comparison of peer-based models as presented by support staff. Next Steps - Members suggested revising the current Service Delivery Model (SDM) to include new program criteria. Some revised criteria may be: 1) Definition of the MAI MCM Population, 2) Program Entry Points, 3) Assessment of Client Strengths, 4) Reengagement with MCM Upon Completion of MAI MCM Services, 5) Assessment of Barriers, 6) Provision of Emotional Support, 7) Education, 8) Tailor Number of Sessions to Client Needs, and 9) Removal of the Requirement to Receive MCM Services Prior to Referral to MAI MCM.
B. Rationale for Recommendations:
The current MAI MCM SDM must be revised in order to address the needs of the target population.
C. Data Reports / Data Review Updates:
Members reviewed the MAI MCM SDM, Viral Load analysis (*systemwide and for the MCM service category*), In+Care Retention Measures (*systemwide and for the MCM service category*), MCM Utilization for FY13-14 to Date, 2012 Client Survey Lost to Care Findings, and FY 2012/2013 Part A/MAI MCM Scorecard
D. Data Requests:
Staff to map services, provide steps for these services, identify a continuum of care that meets the needs of the target population, and determine the implementation of the peer-based model criteria (*listed above*). This should include a flow chart of steps (*i.e. Access to MAI MCM after eligibility determination, attending MAI MCM after treatment, incarceration, etc.*).
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Assess client data. Review research of peer-based models. Review and edit the proposed service delivery model to include program criteria. Review flowchart mapping services from eligibility determination to service access. *Next Meeting Date*: TBD

F. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

February 12, 2014 *Chair: D. Proulx*

A. Work Plan Item Update / Status Summary:

The LPAC held a follow-up meeting to the joint LPAC/Medical Network meeting held on January 22, 2014. During the joint meeting, members made a motion to add Gardasil to the Part A Formulary. However, LPAC asked to review the cost-effectiveness of adding Gardasil to the Part A Formulary before presenting a final decision to the PSRA Committee.

A presentation was made highlighting the following: the Medical Network's original recommendation to add the vaccine considering the rates of HPV among men and women, the rates of cervical cancer, and the low rates of cervical screening; overview of HPV including rates in the general population and in HIV+ men and women; Centers for Disease Control and Prevention HPV vaccine recommendations; cervical cancer screening benchmarks and rates among Part A clients; barriers to cervical cancer screenings among HIV+ women; number of cervical screenings and colposcopies between 2.11.12-2.11.14; findings from a review of HPV cost-effectiveness studies.

The LPAC agreed that: 1) HPV is a significant health concern for PLWHA; 2) the cost of HPV vaccine is less expensive than repeat Pap Smears and Colposcopies; 3) Part A cervical screening rates are low and if women are not getting screened it is logical to protect them against the 4 HPV strains they may not have been exposed to; 4) anal Pap Smears for men are not a current medical standard and routine procedure; 5) there is a significant rate of colposcopy procedures among those Part A clients who had a cervical screening done. The LPAC also considered: 1) the fact that the impact of age on vaccine effectiveness is not certain and 2) the potential barrier to HPV vaccine series completion as a result of it being administered in 3 doses that require clients to follow-up.

Since the cost of all 3 doses of the vaccine is estimated at $414, and the medical recommendation would be to vaccinate all clients, discussion took place regarding the cost and likelihood of vaccinating all clients. The current low rates of vaccine utilization suggest that only a fraction of clients would be vaccinated for HPV. Additionally, the many barriers to vaccine series completion, such as the need to pick up the vaccine at the pharmacy and deliver it to the physician for administration, were discussed. A member suggested a pilot study that allowed for a sample of clients to be vaccinated with one dose through Part A and the last 2 through a Patient Assistance Program; all delivered and administered at the physician's office. Another suggestion was to have the vaccine be part of the medical budget. The vaccine would then be delivered to, and administered by medical providers, bypassing the need for pick up at the pharmacy.

B. Rationale for Recommendations:

LPAC decided to table the recommendation to approve Gardasil until more research is done on the feasibility of incorporating the vaccine in the medical budget.

C. Data Reports / Data Review Updates:

- Gardasil Cost-Effectiveness.

D. Data Requests:

- Effectiveness of Gardasil- if entire series not completed- 1 of 3 doses; 2 of 3 doses.
- Studies/Stats on compliance with completion of entire series (males and females) - including time intervals for each dose.
- Studies/stats on client refusal or resistance to take vaccine when offered (males and females).
- Research Part A clients' compliance with Hepatitis B series and rates of completion.

E. Other Business Items:

There was no other business.

F. Agenda Items for Next Meeting:

Standing Agenda Items. *Next Meeting Date*: TBD

G. PART A EXECUTIVE COMMITTEE

February 20, 2014 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work Plan Item Update / Status Summary:
Committee Chair Reports -Chairs reviewed their committees' reports and discussed committee work plan assessments. It was noted that in lieu of a committee report, the Part A Joint Planning Co-Chair will provide a statement regarding the current progress of the committee in working towards integration with HIV Prevention. The Membership Chair has requested that an ad-hoc committee be created to address Council marketing and recruitment strategies. It was noted that the Ad-Hoc ADAP Eligibility Committee will be meeting next week to update the Council on the changes discussed at the upcoming Rule 64D-4 workshop. Members also discussed the recommendations from Emily Gantz-McKay concerning the focus of each committee and possible creation of a new committee to help improve the PSRA process. Healthcare Reform Update on HIVPC Agenda –The agenda will include a reminder that the open enrollment ends March 31, 2014. Council Membership - Members discussed the motion brought forth from Membership to recommend the removal of a Council member from a mandated seat. Members reviewed and discussed the Council By-Laws, Cause for Removal policy as well as the process of resignation and reappointment. It was suggested that the Council By-Laws be looked at by the By-Laws committee regarding the removal process of current members in the future.
B. Rationale for Recommendations:
The recommendation for removal of a Planning Council member is in accordance with the Membership/ Council Development Committee policies regarding constituency representation as well as the HRSA Policy Notice 11-03. An ad-Hoc committee will be brought forth to the Council for approval in order to help improve the recruitment and marketing strategies of the Council.
C. Data Reports /Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
None. *Items for Next Meeting:* Recruitment and Retention; Executive Committee Review of Work Plan and Policies & Procedures; Evaluations; Discussion of Roles. *Next Meeting Date*: March 20, 2014 at 12:30 p.m.

H. AD-HOC ADAP ELIGIBILITY COMMITTEE

Meeting Cancelled *Chair: H.B. Katz*

9. **GRANTEE REPORTS** (up to 10 minutes)
   a) Part A
   b) Part B (Handout B)

10. **OTHER REPORTS** (up to 10 minutes)
    a) Part C
    b) Part D
    c) Part F
    d) HOPWA
    e) Prevention

11. **UNFINISHED BUSINESS**
12. **NEW BUSINESS**
13. **ANNOUNCEMENTS**
    a. Marketplace Open Enrollment ends March 31, 2014
14. **PUBLIC COMMENT** (Up to 10 minutes)
15. **REQUEST FOR DATA**
16. **AGENDA ITEMS FOR NEXT MEETING:** March 27, 2014 at 9:00 a.m. **VENUE:** TBD
17. **ADJOURNMENT**

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING MINUTES

Thursday, January 23, 2014 at 9:00 a.m.

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	
1	Kuryla, S. Chair	**X**			Rajner, M.	Popper, D.
2	Gammell, B. Vice-Chair	**X**			Silvana, B.	Martin, M.
3	Wilkins, D.	**X**			Schickowski, K.	Burgess, D.
4	DeSantis, M.	**X**			Majcher, B.	McKony, M.
5	Dyer, L.	**X**			Rodriguez, J.	Hids, D.
6	Grant, C.	**X**			Ehren, M.	Murphy, K.*
7	Hayes, M.	**X**			King, J.	
8	Bhrangger, R.	**X**			Volpitta, R.	
9	Holness, Comm. D. V.C.	**X**			Arnoux, J.	
10	Katz, H. B.	**X**			Morgan, M.	
11	Marcoviche, W.	**X**			Jacques, G.	
12	McBain, M.		**A**		Robinson, M.	
13	Moragne, Dr. T.		**A**			
14	Proulx, D.	**X**			**Grantee Staff**	
15	Schweizer, M.*	**X***			Vargas, J. (Part A)	
16	Siclari, R.	**X**			Copa, R. (Part A)	
17	Spencer, W.*	**X***			Jones, L. (Part A)	
18	Taylor-Bennett, C.	**X**			Green, W. (Part A)	
19	Tomlinson, K.		**A**		Mercer, A. (Part B)	
20	Wilson, T.		**A**			
21	Wynn, J.	**X**			**HIVPC Support Staff**	
22	Parker-Maysonet, P.	**X**			Rosiere, M.	
23	Reed, Y.		**A**		Sandler, C.	
24	Creary, K.	**X**			Solomon, R.	
A1	Coscarelli, M. (Alt)		**A**		McEachrane, T.	
	Quorum=13	**19**	**6**		Eshel, A.	
	***attended via phone**					

1. CALL TO ORDER

The Chair called the meeting to order at 9:18 a.m without quorum. Quorum was reached at 9:20 a.m.

2. MOMENT OF SILENCE

A moment of silence was observed.

3. WELCOME AND PUBLIC RECORD REQUIREMENTS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV

status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Motion #1	To approve today's meeting agenda		
Proposed by:	Wynn, J.	**Seconded by:**	Proulx, D.
Action:	Passed Unanimously		

a. Approval of 12/12/13 Meeting Minutes

Motion #2	To approve the 12/12/13 Meeting Minutes		
Proposed by:	Katz, H.B.	**Seconded by:**	Hayes, M.
Action:	Passed Unanimously		

4. PUBLIC COMMENT (Up to 10 minutes)

Mr. Rajner addressed the Planning Council and informed members that the Broward County School Board will be having a workshop on its Family Health and Human Sexuality policy. It is expected that there will be a large Tea Party presence to oppose updating the sexual education policy as well as the Human Relations Council. Those who can come out and provide support for updating the sexual education policy and the Human Relations Council are encouraged to attend.

Mr. Rajner also informed the Planning Council that the AIDS Drug Assistance Program (ADAP) advisory workgroup will be meeting and those who can attend are encouraged to come and provide public comment. Mr. Rajner expressed that he is distraught about the lack of oversight from the state and the Health Council of South Florida for the AIDS Insurance Continuation Program; the program is allowing the insurance plans of many clients be cancelled, and there are no protocols in place to give clients a notice of non-renewal/cancellation, nor is there help for clients to find new insurance plans. Instead, clients are being immediately directed to the Part A program. Mr. Rajner has asked the state to put out a Request For Proposal (RFP) for the program.

Mr. Rajner addressed a concern about the Miami ADAP program and clients allegedly being approached to purchase their HIV medications upon leaving a health department location. This is both a safety and confidentiality issue, and the state of Florida is starting to address the issue. There is still not a consumer satisfaction survey for ADAP clients utilizing the CVS Caremark program, and the program is still not providing automatic refills of HIV medications due to a contract issue. There is also a forthcoming transition in leadership at the Florida Department of Health at the state level, as Sherry Riley, the current administrator of the HIV/AIDS and Hepatitis Program will be retiring soon.

Ms. Arnoux from the Community Access Center shared a brief announcement that the Black AIDS Advisory Group (BAAG) and the Black Treatment Advisory Network (BTAN) are meeting monthly at the health department, and all are welcome to attend these meetings. Ms. Arnoux also shared that on February 7, 2014 there will be a press release at the health department, and on January 14, 2014, several black elected officials were invited to serve as advocates for BAAG at the Urban League of Broward County.

5. FEDERAL LEGISLATIVE REPORT (Kareem Murphy – Handout A)

Mr. Murphy had good news to deliver: Congress and the White House have reached an agreement on Fiscal Year (FY) 2014 appropriations bill. The bill includes small but highly symbolic increases for HIV/AIDS treatment and prevention services; compared to appropriations from FY2013, HIV/AIDS programs will see approximately a $70 billion increase in funding. It is likely that Broward County will receive a full award, rather than a partial award.

Overall, the Ryan White program will see about $2.293 billion in appropriations funds, which is less than HIV/AIDS providers and advocates would like to see; however the Part A and Part B programs

received a little over $1.97 billion in funding, which is more than was anticipated. Mr. Murphy was disappointed to share that HOPWA will be seeing a $2 million decrease in funding.

Mr. Murphy also noted that a lot of attention is now going to be on integration of care with the Affordable Care Act (ACA). Mr. Murphy also wanted to call attention to a Ryan White Working Group meeting that will be taking place very soon in Washington, D.C. The meeting will be facilitated by Dr. Laura Cheever, who is head of the HIV/AIDS Bureau (HAB). The focus of the meeting will be on data collection and increased transparency in the Ryan White program, particularly about how awards are made. This will help to understand what factors are at play in determining how much each program receives.

The Chair noted that there is a typo on Handout A regarding appropriations funds for ADAP. Handout A reads "$900 for ADAP, factoring in intra-agency transfers and "new" funding." The handout should read "$900 **million** for ADAP, factoring in intra-agency transfers and "new" funding."

6. COUNCIL CHAIR AND VICE CHAIR ELECTIONS

There was a question of whether or not iPads were necessary since there is only one candidate running for each position. Due to history and past elections, it was agreed that voting will be conducted as planned; the process may be changed in the future by the Ad-Hoc Nominating committee. Mr. Spencer reminded Planning Council members that every member must vote, and all votes must be read into the record. HIV Planning Council member, Marie Hayes, read the votes into the record.

The outcomes of the elections for Chair and Vice Chair are shown below:

	CANDIDATE FOR CHAIR	CANDIDATE FOR VICE CHAIR
MEMBER	**Bradford Gammell**	**Samantha Kuryla**
Karen Creary	x	x
Leroy Dyer	x	x
Brad Gammell		x
Claudette Grant	x	x
Marie Hayes	x	x
Ronald Bhrangger	x	x
Commissioner Holness		
H.B. Katz	x	x
Samantha Kuryla	x	
William Marcoviche	x	x
Timothy Moragne		
Rick Siclari	x	x
William Spencer		
Carla Taylor-Bennett	x	x
Karlene Tomlinson		
Tara Wilson		
Joey Wynn	x	x
Dionne Proulx	x	x
Mario DeSantis	x	x
Marsha McBain		
Patricia Parker-Maysonet	x	x
Yolonda Reed		
Debbie Wilkins	x	x
Mark Schweizer		
Monica Coscarelli (Alternate)		
TOTAL	**16**	**16**

Legend	
	Absent
	Alternate

Ms. Kuryla and Mr. Gammell congratulated each other and noted that they were looking forward to continuing their leadership work together. Mr. Spencer reminded the newly elected Chair and Vice Chair that these leadership positions will begin on March 1, 2014.

One Planning Council member suggested that it may be time to look at expanding the term length of the Chair and Vice Chair positions. Currently, the term length is two years; the Planning Council member suggested that it may be appropriate to extend the term length to three or four years. The issue will be discussed further at the next Executive meeting.

7. CONSENT ITEMS (Handout B)

Consent items were based on committee activities during the month of January. The following motions were made based on the consent items:

Motion #1	To approve the updated 3-Year Quality Management Work Plan		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

Motion #2	To appoint Vincent Foster to the Membership/Council Development Committee		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

Motion #3	To appoint Ann Mercer for the *State Government Administrating Ryan White Part B* seat of the HIV Planning Council.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

Motion #4	To appoint Devorn Burgess for an unaffiliated consumer seat on the HIV Planning Council.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

8. DISCUSSION ITEMS

Discussion items were based on the Priority Setting and Resource Allocation (PSRA) meeting during the month of January. The Part A Grantee representative explained the process for sweeping money to and sweeping money from service categories. The following motions were made based on discussion items 1-16, and pertained to FY2013-2014:

Motion #6	To reallocate $79,000 from the Ambulatory service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #7	To reallocate $3,000 from the Pharmaceuticals service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Katz, H.B.
Action	Passed unanimously.		

Motion #8	To reallocate $220,000 from the Dental service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn. J.
Action	Passed unanimously.		

Motion #9	To reallocate $30,000 from the Case Management service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn. J.
Action	Passed unanimously.		

Motion #10	To reallocate $68,647 from the MAI Case Management service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #11	To reallocate $11,800 from the Mental Health service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #12	To reallocate $25,404 from the MAI Mental Health service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #13	To reallocate $80,000 from the Substance Abuse service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #14	To reallocate $29,000 to the Pharmaceuticals service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Siclari, R.
Action	Passed unanimously.		

Motion #15	To reallocate $13,327 to the Case Management service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #16	To reallocate $14,051 to the Mental Health service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #17	To reallocate $14,051 to the MAI Mental Health service category.		
Proposed by:	Creary, K.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #18	To reallocate $2,000 to the Substance Abuse service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Creary, K.
Action	Passed unanimously.		

Motion #19	To reallocate $80,000 to the MAI Substance Abuse service category.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

There was no motion made regarding Discussion Item #16: *To use any unexpended funds for bulk purchase for food bank and vouchers*.

The Part A Grantee representative explained to the Planning Council that the recommended allocations were based on provider requests and the results of the January sweeps process. The PSRA Chair also noted that because there has not been a final notice of award yet from Health Resource and Services Administration (HRSA), there may need to be adjustments made upon receipt of the award. The following motions were made based on discussion items 17-34, and pertain to FY 2014-2015:

Motion #20	To allocate $5,530,211 to the Ambulatory service category for Fiscal Year (FY) 2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

There was some discussion about the variance in funds allocated to the Ambulatory service category. One Planning Council member asked why Ambulatory was receiving approximately $850,000 less for FY2014-15 than in FY2013-14. The Part A Grantee representative explained that this variance was based on the expectation of clients entering ACA Marketplace insurance plans.

Motion #21	To allocate $264,596 to the MAI Ambulatory service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #22	To allocate $626,576 to the Pharmaceuticals service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Creary, K.
Action	Passed with one abstention.		

There was some discussion about why funds stayed flat for the Pharmaceuticals service category. The Part A Grantee representative explained that funds were the same as the previous FY because there had not been many changes to the formulary, and there is no expectation of increased utilization for pharmaceuticals for the upcoming FY.

Motion #23	To allocate $2,203,653 to the Dental service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

Motion #24	To allocate $900,000 to the Case Management service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Creary, K.
Action	Passed unanimously.		

Motion #25	To allocate $62,997 to the MAI Case Management service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #26	To allocate $353,493 to the Mental Health service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Creary, K.
Action	Passed unanimously.		

Motion #27	To allocate $77,469 to the MAI Mental Health service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

Motion #28	To allocate $333,942 to the Substance Abuse service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Creary, K.
Action	Passed unanimously.		

The Part A Grantee representative noted that for the Substance Abuse and MAI Substance Abuse service categories, some funding is being placed back, and this is a one-time situation. The following motion was made:

Motion #29	To allocate $400,000 to the MAI Substance Abuse service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

The Part A Grantee representative noted that for the Food Bank and Food Voucher service categories there have been several changes over the past several months that have increased the number of units allowed per client. Due to these changes, both Food Bank and Food Voucher have seen an increase in utilization, and this increase is expected to continue. Based on a bulk purchase estimate and carryover funds, the service categories are mostly covered, but the service categories need a little bit more to cover the increased utilization. The following motions were made:

Motion #30	To allocate $106,981 to the Food Bank service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Justification	Slight increase due to increased utilization resulting from the change in allowable allotments. The allocation takes into consideration the $448,662 in carryover funding from FY2012-2013.		

Action	Passed unanimously.

Motion #31	To allocate $60,791 to the Food Voucher service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Justification	Slight increase due to increased utilization resulting from the change in allowable allotments. The allocation takes into consideration the $448,662 in carryover funding from FY2012-2013.		
Action	Passed unanimously.		

Motion #32	To allocate $467,513 to the Centralized Intake and Referral service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

Motion #33	To allocate $290,957 to the MAI Centralized Intake and Referral service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

One Planning Council member asked if not funding Outreach would eliminate the service category. The PSRA Chair confirmed that the service category is being eliminated for the upcoming FY, but that there will be further discussion about this issue at the next PSRA meeting. The following motions were made:

Motion #34	To not allocate funds to the Outreach service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

Motion #35	To allocate $131,426 to the Legal Assistance service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

A guest voiced concerns about HICP and suggested that the Grantee look into getting a payback from the state for using HICP funds to keep clients in private health care. The following motion was made:

Motion #36	To allocate $500,000 to the HICP service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Dyer, L.
Action	Passed unanimously.		

The PSRA Chair clarified that the Disease Management service category is a new service category for the upcoming FY. Disease Management is based on a case management model that takes place in a clinical setting and is delivered by medical providers.

Motion #37	To allocate $546,650 to the Disease Management service category for FY2014-15.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action	Passed unanimously.		

9. JANUARY COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

The MCDC Chair shared with the Planning Council that it approved two new members for the Planning Council; one member will fill the *Part B* mandated seat, and one member will fill an unaffiliated consumer seat. With the addition of these two new members there are 26 total HIVPC members; the split is 50 percent female and 50 percent male. Also with the addition of these new members, the percentage of unaffiliated consumers becomes 38 percent.

The Chair also noted that the committee is continuing to work on its mentorship program and that new language was created in Policies and Procedures regarding committee attendance.

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
The January JCCR meeting was cancelled.

c. **JOINT PLANNING COMMITTEE**
The January Joint Planning Committee meeting was cancelled.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**
The QMC Chair shared that QMC's three year work plan was reviewed and approved by the committee. Further details about QMC's January meeting can be found in the meeting summary.

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**
The PSRA Chair shared that there will be further discussion on the issue of the Outreach service category at the next PSRA meeting. In addition, the Chair reminded the Planning Council that there will be a MAI Medical Case Management Workgroup meeting on January 30, 2014 at 12:30 p.m. at BRHPC. The workgroup hopes to develop a robust care model during the meeting.

f. **LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)**
LPAC held a joint meeting with the Medical QI Network on January 22, 2014. The joint meeting entailed a presentation by Dr. Jose Castro that detailed guidelines for vaccinating HIV positive patients. The presentation helped clarify concerns about vaccinating clients for HPV and zoster. The LPAC Chair also noted that staff will be doing a cost comparison between the HPV vaccine and the cost of treating HPV to determine the cost effectiveness of adding the HPV vaccine to the formulary.

g. **JOINT EXECUTIVE COMMITTEE**
There was no Joint Executive Committee meeting scheduled for January.

h. **PART A EXECUTIVE COMMITTEE**
The Part A Executive Vice Chair spoke about the Integrated Care and Prevention Coordination meeting which was held immediately before the Part A Executive meeting. The meeting was the first one to be held, and was very preliminary. Another meeting will be held in March, and should generate much more discussion to be relayed to the Planning Council.

i. **AD HOC NOMINATING COMMITTEE**
There was no Ad-Hoc Nominating Committee meeting scheduled for January.

j. **AD HOC BY-LAWS COMMITTEE**
The By-Laws committee has officially disbanded.

10. GRANTEE REPORTS (up to 10 minutes)

a) **Part A:** The Part A Grantee introduced Dr. Marsha Martin, a consultant conducting an in-depth Men Who Have Sex with Men (MSM) study under contract with Broward County. The study is focusing on issues of care and prevention among those who are positive as well as those unaware of their HIV status. The study is also including the perspective of transgender clients. The goal of the study is to better understand how to help clients and improve services. There was a community advisory group meeting held in November to kick off the study and an advisory board reflective of the demographics being looked at by the study was also developed. Dr. Martin noted that she is not from Broward County, so having an advisory board familiar with the county has been very helpful. The study began by working with the Prevention program and Evelyn Ullah from the Florida Department of Health – Broward County (FLDOH-BC). Dr. Martin has been able to interview many key informants, including service providers and community members. The study is qualitative and includes focus groups, individual informative interviews, and ethnographic observations in order to obtain data about what is

going on in the community. Dr. Martin and her team hope to have about 75 completed surveys specific to client experiences. The goal of the study is to assess where Broward County is principally on both the Care and Treatment and Prevention sides, specifically as it relates to MSM and transgender clients. Information from providers is extremely valuable to the study and interviews are only about 25-35 minutes long. Providers are encouraged to interview with Dr. Martin if they can.

The Part A Grantee introduced the new Part A staff member, Janet Vargas. Ms. Vargas previously worked with another HIV/AIDS organization in Miami and has also worked in Broward County. Ms. Vargas is a clinical therapist and will be working on special projects for the Ryan White Part A program.

The Part A Grantee noted that there is a newly released newsletter, and copies are available to be distributed throughout the community. There is an RFP out for Planning Council, Clinical Quality Management, Service Category Population Evaluation, Comprehensive Plan, and Needs Assessment service categories. The RFP will close on January 24, 2014 at 5:00pm. Several weeks ago, all the Part A programs across the state of Florida participated in a phone conference call with HRSA to talk about counterproductive policies between HRSA and the state of Florida. HRSA has indicated that the states should take the lead on enrolling clients in the ACA Marketplace because of their robust AIDS Insurance Continuation Program , for which they can receive rebates. Since the state of Florida is not ready to adapt their AICP programs right now, it puts an undue financial burden on all the Part A programs across the state. If Part A has to cover everyone, it will cost upwards of $2.5 million dollars; Part A programs are supposed to be a secondary coverage option and this would make them the primary option for many. Part A programs are asking for a waiver so that they do not have to vigorously pursue entering people into the ACA Marketplace. HRSA is taking the matter into advisement, and will be coming back to the Part A programs with answers shortly. The Part A Grantee is suggesting that the state pay back Part A programs for clients that they will have to enter into Health Insurance Continuation Program (HICP).

There is a collaborative meeting with the Department of Health and Sherry Riley that will be taking place on February 20-21, 2014 in order to discuss how to move forward on the issue of enrolling clients in the ACA Marketplace. The Part A Grantee believes that this truly needs to be a collaborative process if it is going to work and to make a smooth transition.

A guest asked about the enrollment issue and the lack of guidance from the state. The Grantee is unaware of when online enrollment will be available, although the best guess is July 2014. The enrollment period ends March 15, 2014, which means that until at least July, the local HICP will have to be utilized. A Committee member pointed out that there is a difference between operational issues and political issues in how programs get direction. Resolving the issue of enrolling clients in the ACA Marketplace is a work in progress. The first thing on the agenda is to address communication and how to effectively communicate to Part As. There was a discussion about the effect politics has on the jurisdictions and local constituents.

A guest brought up challenges with the ADAP clients coming into the Part A system. It was noted that advocates should ensure that information is disseminated. There is not a lot of transparency or information that comes from the state, which makes it difficult to run programs properly and also, endangers the health of clients.

b) **Part B** (Handout C): The Chair congratulated Ann Mercer and Devorn Burgess on their appointment to HIVPC. The Part B Grantee discussed a recent call made with Tallahassee during which she was informed that there will be upcoming meetings to discuss amendments in the rules for eligibility for ADAP Part B. Once the Part B Grantee is aware of meeting times

and locations, she will send out an email. Right now it is unclear if Tallahassee is looking to expand eligibility and make major changes, or just looking to clarify eligibility rules.

There are approximately 100 clients who have not come in to do their ADAP enrollment. Part B is working to get in touch with those clients to make sure they do come in to get enrolled in the ADAP program. The Part B Grantee clarified that if insurance premiums are currently being paid by AICP, they must come in to do eligibility for ADAP. A guest wanted to know what kinds of protocols are in place to notify the clients that need to determine their eligibility. Ms. Mercer responded that calls are being made to update information and make sure clients are coming in.

Based on the Part B report about potential eligibility changes being made to ADAP, the following motion was made:

Motion #38	To create an ad-hoc committee to look at proposed rule changes and eligibility as it pertains to ADAP Part B.		
Proposed by:	Creary, K.	**Seconded by:**	Taylor-Bennett, C.
Action	Passed unanimously.		

A written report is included in the HIVPC meeting packet. The written Part B Grantee report was provided detailing expenditures up to November 2013. There were no home-delivered meals in October. Non-Medical Case Management conducted 698 eligibility interviews in October. Medication co-payment served 149 clients and 6 clients served for Mail Orders. Medical Transportation for November 2013: A total of 11 (10 ride) and 657 (31 day) passes distributed. The new Residential Service Category began in November.

11. OTHER REPORTS

a) **Part C:** The Part C Grantee announced that around 300 clients were seen for medical, 978 in pharmacy, and mental health (social workers) saw 222 clients. Over 400 tests for HIV were performed and 35 of those tests were positive. All 35 clients who tested positive were linked to care.

b) **Part D** (Handout F): The Part D Grantee announced that the number of infants born with HIV in Broward County during 2013 was zero, which is likely due to a lot of hard work in the community as well as a good working relationship with FLDOH-BC. During 2013, there were 105 pregnant women served, which is up about 10-15% from the previous year. There was also an increase in second pregnancies from HIV positive women and pregnancies for newly diagnosed women.

c) **HOPWA:** The Housing Opportunities for Persons with AIDS (HOPWA) representative announced that a decision was made to terminate the contract for MDEI and to distribute funds to Care Resources and Sun Serve instead. Clients will be informed of the changes and where they will now be able to obtain services. The short term mortgage, utilities, and housing placement budget was cut by 25 percent, and the funds will run out this year. Carryover dollars will be used to tide over the shortfalls this year, but there will need to be changes moving forward. HOPWA will be working with BRHPC, a funded agency, to change utilization rates so that services can be continued for all clients, but at a less frequent rate. The changes will be for the next FY. A member asked if the changes were due to increased utilization. HOPWA explained that because funds were cut, there is less money to provide the same amount of services. There are some carryover funds available to help get through this year, but moving forward there will be less money available to continue providing the same amount of services, so there is a need to change utilization rates. One Planning Council member noted that a housing needs assessment has not been done in several years, and perhaps now would be a good time to do an update. HOPWA is looking at other states to figure out how to best stretch dollars and provide services to clients with decreased funding. Eligibility for the program probably will

not change, but what will change are the number of units allowed and the frequency of those units. The ultimate goal of the program is to help clients become self-sufficient.

d) **Prevention:** None.

Part F: The Part F Grantee stated that there have been no updates from the last report.

The Grantee announced at the last HIVPC meeting that Nova Southeastern University's College of Dental Medicine was one of 16 schools to receive funding of potentially $250,000 over a 5-year period. The Grantee will be partnering with Broward Community and Family Health Center to provide oral health screenings, cancer screenings, and oral health education to underserved populations.

12. UNFINISHED BUSINESS

None.

13. NEW BUSINESS

None.

14. ANNOUNCEMENTS

Commissioner Holness thanked HIVPC members for their commitment to addressing the needs of the community and offered his assistance with any needs that may arise.

The HIVPC Vice Chair welcomed members to attend the upcoming Integration Coordination meeting in March 6, 2014.

15. REQUEST FOR DATA

Members requested copies of the documents pertaining to the upcoming workshops on proposed changes to Part B ADAP eligibility. Mr. Rajner also requested a report on how many clients have moved from Part B ADAP-AICP to Part B ADAP as a result of losing insurance coverage by AICP.

16. AGENDA ITEMS FOR NEXT MEETING: February 27, 2014 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT

Without objection, the meeting was adjourned at 11:20 a.m.

HIV PLANNING COUNCIL ATTENDANCE CY 2014

Meeting Dates →	23
Member NAME	**JAN**
Creary, Karen	X
Dyer, Leroy	X
Gammell, Bradford	X
Grant Claudette	X
Hayes, Marie	X
Bhrangger, Ronald	X
Holness, Dale V.C. (Comm)	X
Katz, Bradley	X
Kuryla, Samantha	X
Marcoviche, William	X
Moragne, Timothy	A
Siclari, Rick	X
Spencer, Will	X
Taylor-Bennett, Carla	X
Tomlinson, Karlene	A
Wilson, Tara	A
Wynn, Joey	X
Proulx, Dionne	X
Parker-Maysonet, Patricia	X
DeSantis, Mario	X
McBain, Marsha	A
Reed, Yolonda	A
Schwiezer, Mark	X
Wilkins, Debbie	X
Coscarelli, Monica (Alt 1)	A

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Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: February 19, 2014

Fiscal Year 2015 Appropriations Starting Up:

The Fiscal Year (FY) 2015 funding cycle is expected to commence soon with an early March release of President Obama's FY 2015 budget. We anticipate at least level funding for domestic HIV/AIDS prevention and treatment programs, with possible slight increases for the Ryan White and ADAP titles. Congress will begin conducting oversight hearings on the budget request after it is released; hearings might take place as early as late March. The Senate Labor-Health and Human Services-Education Appropriations Committee has already announced its deadline for receiving public testimony (May 23rd). We can provide instructions on how the Planning County and its stakeholders and clients might participate in that process. We strongly urge your coordination through the Broward County Office of Intergovernmental Affairs.

Fiscal Year 2014 Appropriations (Omnibus) Recap:

On January 17th, President Obama singed the $1.1 trillion omnibus appropriations bill that will fund the federal government for fiscal year 2014. It provides for meaningful funding increases for programs that provide support for people living with HIV and AIDS. Domestic health-related HIV/AIDS programs will receive just under $2.3 billion (a $70 billion increase over the adjusted FY 2013 levels). The following are some program highlights:

- $2.293+ billion for the overall Ryan White title
- $1.97+ billion for Ryan White Parts A and B
- $900 for ADAP, factoring in intra-agency transfers and "new" funding
- $330 million for HOPWA, a $2 million decrease

No Work Expected on Reauthorization

We continue to expect no meaningful work to take place this session of Congress toward reauthorizing Ryan White programs. President Obama's policy position continues to be that the program will continue so long as Congress provides funding. The future of the Affordable Care Act and its implementation continue to be the source of political and partisan divides in the Congress. These two factors combined suggest that there is no legislative appetite for Ryan White reauthorization. Congressional oversight, at least in the Senate, may focus on success stories in the integration of care for HIV+ people as systems adjust to the health insurance exchanges, especially those run the federal government.

Career Transition

With mixed emotions, I share news that I will be leaving The Ferguson Group at end of this month. I have taken a position as the Health and Human Services Lobbyist for Hennepin County,

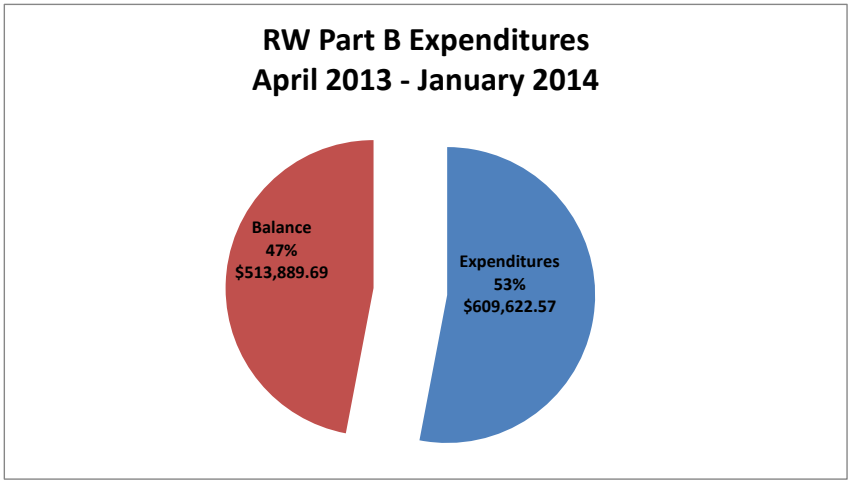
Minnesota (Minneapolis). I will coordinate with William Green and Leonard Jones about further support I can provide to the Planning County. Advocacy for Hennepin County's Ryan White Program will be part of my portfolio. Accordingly, I look forward to finding ways that I can remain engaged and supportive of your needs.

Handout B

Ryan White Part B
Expenditure Report
January 2014 rev 2-20-14

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (January / Encumbered)	Part B 2013-14 Monthly Average Left	Part B 2013-14 (YTD Spent/ Encumbered)	Part B 2013-14 (% Encumbered)	Part B 2013-14 (% Left)	Part B 2013-14 (Balance)
Home Delivered Meals	$ 2,479	$ -	$ 1,030	$ 420.00	17%	83%	$ 2,059
Medication Co Pay	$ 310,000	$ 6,961.60	$ 71,846	$ 166,308.60	54%	46%	$ 143,691
Case Management (non-med)	$ 244,928	$ 24,437.07	$ 11,566	$ 221,795.07	91%	9%	$ 23,133
Residential Substance Abuse	$ 300,000	$ 16,456.54	$ 137,231	$ 47,122.26	16%	91%	$ 274,461
Medical Transportation	$ 134,330	$ 41,992.00	$ 21,012	$ 92,307.00	69%	31%	$ 42,023
Administration	$ 110,192	$ 9,353.64	$ 14,261	$ 81,669.64	74%	26%	$ 28,522
TOTALS	**$ 1,101,929**	**$ 99,200.85**	**$ 256,945**	**$ 609,622.57**	**53%**	**47%**	$ 513,889.69

Home Delivered Meals January 0
Non-Medical Case Management conducted 790 eligibility interviews in January
Medication Co Payment served 133 clients in January
130 Clients served in Medication Co Payment
3 Clients served in Mail Order
Medical Transportation 452 (31) day passes were distributed in January. A total of 1215 unduplicated clients have received passes April-January.
Residential Substance Abuse served 15 unduplicated clients.



MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Last Updated 2/20/13; Approved: 4/25/13

Policies

The Membership/Council Development Committee shall solicit and screen applications for appointment of all members and alternates of the Broward County HIV Health Services Planning Council (Council) by the Broward County Board of County Commissioners. The Committee shall ensure that Council and committee members are knowledgeable about their duties, the functions of the Council, and the Council's role in the organization and delivery of HIV/AIDS health and support services.

The Committee shall institute orientation and training programs for new and incumbent members. Orientations will be scheduled as needed by the Committee and support staff (Approved 8/6/09)

An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White CARE Act (Act), the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.

Council members and alternates as well as committee members must meet attendance requirements in accordance with the Code of the County, except that absences from meetings by individuals because of illness related to their HIV shall not be counted as an absence.

Council members and/or alternates (appointed by the County Commission) and committee members will automatically be removed from the Planning Council or committee that meets more frequently that quarterly if he/she: 1) has three (3) consecutive unexcused absences regardless of year, or 2) misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences. A committee member will automatically be removed from a committee that meets on a quarterly or less frequent basis if he/she: 1) has two (2) consecutive unexcused absences regardless of year, or 2) misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences. (Approved 9/2008 for Council, 9/2009 for Committees)

A member and/or alternate shall be deemed absent from a meeting when the member and/or alternate is not present at the meeting at least seventy-five (75) percent of the time.

A letter signed by the Planning Council Chair or Vice Chair will be sent to Council members and/or alternates and committee members at risk of exceeding allowed number of absences, informing them of their attendance record and stating that one more additional absence will result in their removal from the Council.

If a Council member/alternate should resign from a committee, s/he will have 30 days to select a new committee in which to become a member. If a committee is not selected within the 30 day timeframe, the member/alternate will be removed from the Council.

If a Council member is removed from the Council, to be recommended for reappointment, s/he must go through the original membership process as stated in the Membership Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

The membership categories for the Council and Consortia shall be consistent with those defined in the Act. Not less than 33 percent of the Council shall be individuals who are receiving HIV-related services from Part A funded providers, are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV as determined annually. For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services. This may not be construed as having any effect on entities that receive funds from grants under any other Act or program but do not receive funds from grants under Part A, on officers or employees of such entities, or on individuals who represent such entities.

The Committee will recommend for appointment no more than 40% of the Council Members who are providers of HIV-related services who receive funds under Part A of the CARE Act. (Approved 11/19/2009)

No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time. (Approved 1/28/2010)

There shall be a minimum of three individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission. The latter may only serve as voting members in Council meetings for any period of time that a member with HIV is unable to serve due to HIV illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWA members unable to serve due to HIV. Alternates shall comply with attendance requirements at Council meetings.

Affirmative outreach shall be made to attract qualified candidates for membership on the Council with particular attention to gender balance and adequate representation from racial and ethnic minorities.

As part of the Council's efforts to increase the percentage of individuals with HIV on the Council, the Broward County Commission should strive, whenever possible, to appoint individuals with HIV to vacancies not only in that category but to other categories as appropriate.

The term of office for members and alternates shall be at the pleasure of the appointing Commissioner.

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws.

Procedures

Membership:
Semi-annually the current membership will be evaluated for compliance with local, state and federal policies.

Deficiencies through attrition, or change in qualifications of members will be documented. A member's qualification may change because of excess absences or by change of employment. Any changes to member's affiliation status will also be noted. Council support staff will report on absences. Current members will be surveyed each year (using a form similar to the application).

Individuals with HIV who experience extended absence due to illness will be moved to alternate status until they are able to regularly participate again.

The Committee will create a roster of current members and identify membership deficiencies and vacancies. The Committee will review the status of current members and alternates who:

- Fail to maintain the status to represent the membership category set forth in the Act;
- Fail to maintain the qualifications set forth in Broward County Resolution #94-1286 (or its successors);

At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the Membership policies and procedures. The member shall have the ability to reapply for membership to the Council. (Approved 11/19/2009) If a member does not notify the Council within 10 business days, the member will automatically be removed by the will of the Membership/Council Development Committee.

~~Current Members and Alternates whose status and/or qualifications change will be given priority for reassignment to any existing vacancy for which they may qualify.~~

The Membership/Council Development Committee and Broward County HIV Health Services Planning Council shall be notified of changes to representation involving members who are on the Council by virtue of holding a mandated seat due to their employment (e.g. Medicaid). Such changes shall be informational in nature and immediately forwarded to the Broward County Board of County Commissioners for appointment.

An open, well publicized recruitment activity will occur. Membership applications and "Interested Party" brochures are available at all meetings of the Council and at all outreach and business meetings in the community. The Membership Committee Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership.

Council staff will verify that all active/pending applications meet the non-conflict of interest requirements as applicable, note any changes in employment or affiliation status, and present the eligible applications to the Membership Committee for review.

Applicants will be invited to attend an orientation and encouraged to join a committee. Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

All prospective Planning Council members other than those in mandated seats by virtue of employment are required to participate in a single committee for at least three meetings and attend a membership orientation prior to being considered for appointment to the Planning Council. (Approved 4/2008)

Applications will be screened and rated based on:

- Ability to fulfill membership representation deficiencies/vacancies;
- Experience and expertise to fulfill a particular category of membership;
- Participation on Committees;
- Attendance at information luncheon; and
- Other identified criteria.

As part of the MCDC's selection process for new applicants, the following will be used based on priority:

- Unaffiliated consumers;
- Federally mandated seats;
- Non-Elected Community Leaders;
- Vacant seats based on categories.

In its review and recommendation process, The Membership Committee is further guided by the Ryan White CARE Act Part A Manual (Section X *Planning Council Membership; Planning Council Nominations*). These Sections give the legislative background of the CARE Act that requires the Planning Council to be both reflective and representative of the demographic composition of the population of individuals living with HIV in the geographical area served. The Committee will, to the best of its ability, strive to achieve an optimal balance of Council composition that is reflective, representative, and, statistically, most closely approximates the HIV/AIDS prevalence in the geographical area served.

Recommendations for appointment as members and/or alternates will be forwarded to the Council for recommendation to the Broward County Board of County Commissioners for consideration and appointment.

A semi-annual post-appointment training will occur for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training twice annually for Council volunteers.

Council Development:
The Committee will develop and implement an annual Council Development training plan which meets requirements in the Act.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Mentoring Program

(Approved 10.24.13 by HIVPC)

In order to increase new members' knowledge of the HIV Planning Council and retain membership participation in Council meetings, the MCDC Committee will institute mandatory orientation, training and voluntary mentoring programs.

An important segment of this training is the Mentoring Program, which will be offered to all new Council members and alternates. Mentoring helps new members feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction. Mentoring also ensures that the new member understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.
A letter introducing the Mentoring Program will be sent to new council members. Council members who have volunteered their time to be Mentors will be assigned by the Chair of the Membership/Council Development Committee.

The new member and alternate should, when possible, sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit near their mentor, but not at the table.) This will allow the Mentor to easily answer any questions the new member might have.

Volunteer Mentors will receive training according to the schedule set forth in the Committee Work Plan. Mentors should strive to educate new members on the following points:

1. Review of Orientation Manual
2. Reminders of Meetings
3. Availability of Transportation
4. Day care reimbursement benefit
5. Reimbursement of lost wages
6. Explanation of complex language
7. Empowerment and respect for individual opinions and ideas.
8. A summary of Robert's Rules of Order

If needed and requested by the new member/alternate, the Mentor may also remind the new member of upcoming meetings which might be of interest to that person.

Note on the Florida Sunshine Law: Members and Mentors should be careful to follow the Sunshine Law, which forbids Members from discussing Council or Committee business outside of official meetings. The County definition is as follows:

"Except at a public meeting, there shall be no communication between any two members of the same collegial body on any matter which they may foreseeably be required to address jointly in an advisory or decision-making capacity."

1. Below are example situations prohibited by law for Members: Discussing Council or Committee business on the phone;
2. Discussing Council or Committee business at a gathering that is not an official meeting;
3. Discussing Council or Committee business indirectly, such as by passing information through an intermediary;
4. Meeting at a restaurant or someone's home to discuss Council or committee business;

Mentoring Components of HIV Planning Council Members:
Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

a. Help new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction
b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
c. Take special responsibility for making sure the new member understands the background and context of discussions and actions.
d. Increase new members' knowledge of the HIV Planning Council and retain attendance and membership participation in Council meetings.

HIV Planning Council Members – Job Descriptions

(Approved by HIV Planning Council 5/23/13)

The purpose of HIV Planning Council membership categories:

- "*Each category of membership meets a specific need*."
- "*Other membership categories, comprising government and health professions, are intended to enhance service delivery. This includes coordination of funding streams to better address gaps in care, avoid overlaps in services, and create comprehensive service delivery systems that meet the multiple care needs of clients*."
- *"All categories of membership are designed to bring together expertise in such areas as health planning, service delivery, client perspectives and financing of care."*

From HRSA

Planning Council Members Major Duties

1. Prioritize Part A services and allocate Ryan White funds among them.
2. Assess the needs of the community for HIV/AIDS services.
3. Develop a Comprehensive Plan to guide how services will be provided.
4. Monitor the quality and effectiveness of Ryan White programs, and recommend improvements.
5. Assess the effectiveness of administrative performance by the Part A Grantee.

Member Qualifications

1. Fit the membership requirements of a specified category of Council seat, per legislation and HRSA rules.
2. Ability to communicate ideas freely, honestly and respectfully.
3. Commitment to adhere to Council by-laws, policies and procedures.

Member Responsibilities

1. Be willing to commit at least six to eight hours monthly to the HIV Planning Council – approximately two hours monthly at Planning Council meetings, two to three hours monthly at Committee meetings, and two to three hours monthly for background reading and to complete assigned tasks.

2. Members in leadership roles attend one extra meeting per month, requiring two to four hours more time.
3. Work collaboratively within the Planning Council and with other entities that provide or fund HIV-related services.
4. Participate in recruitment and regular, ongoing education and training provided by the Council.
5. Be willing to participate in discussions mindful of the needs of the EMA, as opposed to an interest group or category of representation.
6. Be willing and able to contribute professional and personal expertise to further the work of the Council.
7. Supply data requested from the category of seat to which the member is appointed. Examples of data that may be requested:
   a. HIV/AIDS funding received, per service category
   b. Number of Clients Served / Utilization
   c. Client Demographics
   d. How Services Are Coordinated with Part A and other funders

PLANNING COUNCIL MEMBERSHIP CATEGORIES

1. Affected Communities

Definition of Affected Communities: Include People With HIV/AIDS, Members Of A Federally Recognized Indian Tribe As Represented In The Population, Individuals Co-Infected With Hepatitis B or C, and Historically Underserved Groups and Subpopulations.

The Ryan White HIV/AIDS Program Part A Manual states:

- "Involvement of those who use Ryan White services ensures crucial input from persons closest to care delivery. Legislative provisions require that consumers be free of conflict of interest in relation to funding decisions"
- "33% of Council members must be consumers receiving Ryan White Part A services, or the parents and caregivers of minor children who are receiving such services. These members should reflect the epidemic in the EMA and be unaligned, meaning that they "are not officers, employees or consultants" of any providers receiving Ryan White funds, and they "do not represent any such entity."

"Consumers who volunteer with a Part A-funded provider are not considered to 'represent' that entity and are eligible for consumer membership on the planning council as unaligned members. The legislation permits a PLWHA to serve as a volunteer at a Part A-funded agency and still be considered unaligned."

Job Description for Affected Communities:

e. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
f. Help develop ideas to engage and educate PLWHAs in the community.

2. Non-Elected Community Leader

Definition of Non-Elected Community Leader:
HIVPC By-Laws: "Someone active in the community not elected in formal government elections."

Job Description for Non-Elected Community Leader:

a. Be actively involved with a community organization or ongoing community activities.
b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on the community, especially Ryan White clients and PLWHAs.

3. Health Care Providers, including Federally Qualified Health Centers

Job Description for Health Care Providers:

a. Share information about how Council actions will affect providers and their HIV/AIDS clients.
b. When requested, provide data on funding sources and on utilization by their clients.

4. AIDS Service Organizations and Community-Based Organizations Serving Affected Populations

Job Description for ASO/CBO:

a. Share information about how Council actions will affect service organizations, community organizations and their Ryan White clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

5. Social Service Providers, including Providers of Housing and Homeless Services

Job Description for Social Service Providers:

a. Share information about how Council actions will affect social service agencies, providers and clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

6. Mental Health Providers and Substance Abuse Providers

Job Description of Mental Health Providers and Substance Abuse Providers:

a. Share information about how Council actions will affect mental health providers and clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

7. State Government (Agency Administering Program under Part B)

Job Description for State Government (Agency Administering Program under Part B):

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part B programs.
b. Provide monthly and annual data reports on utilization and expenditures of Part B and ADAP programs.
c. Bring back to the agency Council recommendations on changing and improving Part B programs.
d. Share information about how Council actions will affect the community's health system and status.

8. State Medicaid Agency

Job Description for State Medicaid Agency:

a. Supply the Council and its Committees with detailed insight about Medicaid services available to PLWHAs in the community.
b. Provide annual reports on utilization and expenditures by Medicaid HIV/AIDS programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving Medicaid programs.
d. Share information about how Council actions will affect the community's overall health system and status.

9. Ryan White Part C Grantee

Job Description for Ryan White Part C Grantee:

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part C programs.
b. Provide quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics for the Part C program in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the Part C programs.
d. Share information about how Council actions will affect the community's overall health system and status.

10. Ryan White Part D Grantee

Job Description for Ryan White Part D Grantee:

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part D programs.
b. Provide quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics for the Part D program in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the Part D programs.
d. Share information about how Council actions will affect the community's overall health system and status.

11. Grantees of Other Federal HIV Programs, including but not limited to providers of HIV Prevention Services

Definition of Grantees of Other Federal HIV Programs: The category is to include, at a minimum, a representative from each of the following:

- Federally-funded HIV prevention services
- Grantees providing services in the EMA that are funded under Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs) and Ryan White Dental Programs (Part F)
- Housing Opportunities for Persons With AIDS (HOPWA) program
- Other Federal programs if they provide treatment for HIV/AIDS, such as the Veterans Administration

Job Description for Grantees of Other Federal HIV Programs:

a. Supply the Council and its Committees with detailed insight about the federal program's HIV/AIDS services.
b. Provide annual reports on unduplicated utilization, expenditures (overall and by service category) and client demographics of the programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the agency's programs.
d. Share information about how Council actions will affect the community's health system and status.

12. Hospital Planning Agencies or Health Care Planning Agencies

Job Description for Hospital Planning Agencies or Health Care Planning Agencies:

a. Share information about how Council actions will affect the community's health system and status, with emphasis on hospital outpatient care for HIV/AIDS.
b. When requested, make a data presentation on issues involving the community's public and private health care systems for HIV/AIDS services.

13. Local Public Health Agencies

Job Description for Local Public Health Agencies:

a. Share information about how Council actions will affect the community's health system and status.
b. When requested, make a data presentation on issues involving the community's public and private health care systems for HIV/AIDS services.

14. Representatives of Individuals who formerly were Federal, State, Or Local Prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released:

HRSA Definition of Consumer Representation of Recently Incarcerated Populations: Because of the high infection rate among the incarcerated, Congress has mandated that at least one seat on each HIV planning council be filled by EITHER a recently incarcerated person OR a representative of the formerly incarcerated.

An individual who is formerly incarcerated must meet the following three criteria:

1. Have been in Federal, State, or local prison and released during the preceding three years at time of appointment.
2. Have been HIV-positive on the date of release
3. Be able to adequately represent or advocate correctional health care and support services needs of formerly incarcerated persons.

A representative of the formerly incarcerated must have strong linkages with formerly incarcerated and the knowledge and experience to meet the third criterion.

Job Description for Consumer Representation of Formerly Incarcerated Populations:

a. Speak out on behalf of PLWHAs who were incarcerated and about their ability to access Ryan White services.
b. Represent the health care and support services needs of formerly incarcerated persons to the Council and its Committees through written and verbal reports.
c. If working for an agency serving inmates or former inmates, provide them with education and information about Ryan White services. If possible, provide the Council with reports on the agency's unduplicated utilization, expenditures (overall and by service category) and client demographics.

Job Description for Planning Council Alternates

**These changes take effect for any new members beginning June 1, 2013.*

DEPARTMENT OF HEALTH & HUMAN SERVICES

February 24, 2014

Dear Ryan White HIV/AIDS Program and CDC HIV Prevention Colleagues:

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) are pleased to support integrated HIV prevention and care planning groups and activities. Integrated planning, reports, and activities will help further progress in reaching the goals of the National HIV/AIDS Strategy and improving outcomes on the HIV Continuum of Care.

HRSA and CDC have determined that the Ryan White HIV/AIDS Program (RWHAP) Parts A and B Comprehensive Plans and the CDC Jurisdictional HIV Prevention Plan will be due in September 2016. Also due at that time will be the RWHAP Part B Statewide Coordinated Statement of Need (SCSN). HRSA and CDC are working to align the guidance(s) for the RWHAP Comprehensive Plans/SCSN and the Jurisdictional HIV Prevention Plan to enable the submission of an integrated HIV Plan that is responsive to the requirements of both HRSA and CDC.

HRSA and CDC encourage RWHAP and HIV prevention programs at the local and state level to integrate planning activities. These encompass comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, combined meetings, and merged planning bodies. Planning groups are encouraged to streamline their approaches to HIV planning so that it increases access to and effectiveness of prevention, care and treatment services within the jurisdictions.

Good planning is imperative for effective local and state decision making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and people living with HIV. Activities to collaborate and/or develop a joint planning body are supported by both HRSA and CDC. Community involvement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States.

We look forward to continued work with all our partners and stakeholders involved in HIV prevention and care and treatment planning to accomplish the goals of the National/HIV/AIDS Strategy and the HIV Continuum of Care Initiative.

Sincerely,

/Laura W. Cheever/
Laura W. Cheever, M.D., ScM
Associate Administrator and
Chief Medical Officer
HIV/AIDS Bureau
Health Resources and Services
Administration

/Kenneth G. Castro/
RADM Kenneth G. Castro, M.D.
Assistant Surgeon General, U.S. Public Health
Service Commanding Flag Officer,
CDC/ATSDR Commissioned Corps Acting
Director, Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis,
STD, and TB Prevention
Centers for Disease Control and Prevention

Administrative Rule workshop (64-D) Tallahassee, FL Feb. 19th 2014

Sherry Riley's opening statement:

There is a requirement to get pharmacy services from our PBM vendor in order for the state to get premiums, co-pays & deductibles; the PBM collects the data in order for the FL DOH to get the rebates; this allows for greater capacity. It is VITAL for the FL DOH to keep the ADAP program open. HRSA has suggested the DOH should use a PBM and leverage costs containments via an active rebate program.

Lorraine Wells comments:

ADAP / AICP & ACA: Ryan White Care Act used as a payor of last resort; must align with the ACA, ADAP is currently:

- Evaluating plans & formularies
- Researching 3rd party payments – we have to work through that complicated issue
- Moving high cost, high utilizers to ACA plans
- Answer what we can, take back what we can, move forward ADAP will meet with staff & community to make these changes together

Butch McKay asked if there would be an appeals process for mail order pharmacy programs or stuff. A vague comment from Lorraine referred to a likely scenario for this at several levels, from policy to local staff and an operation policy & procedure for it.

Joey Wynn's comments, as Co-Chair of the Florida HIV AIDS Advocacy Network

a) I commend the FL DOH for taking steps to update the rule and get as closely in synch with our service delivery system & the healthcare environment around us.
b) The past 4 years have witnessed the largest amount of change & discovery in our HIV service delivery's entire existence: Advancing Science & Technology has impacted our National Policy and Federal Systems of care. Now is the time to adopt new policies in how we deliver care in Florida.
c) The 6 main points we should keep as guiding principles for the ADAP program are as follows:
    - **The White House National HIV AIDS Strategy** (Treatment as Prevention introduced TasP) as well as getting people into & staying in care (2010)
    - **CDC's HIP** (also mentioned the importance of TasP) (2011)
    - **Executive Order, and the PACHA** – Emphasized "Cascade of care" and how to improve retention of people in care, on therapy thereby increasing the level of community with suppressed viral loads (2013)
    - **ACA – Marketplace plans** experienced full Implementation & enrollments continue (2014)
    - **HRSA's expectations of RWCA Grantees** involvement in wrap around services for Marketplace plans, making it allowable to cover co pays deductibles & premium support
    - **HPTN 052** demonstrated people with suppressed viral loads are 96% less likely to infect someone else, breaking the cycle of new HIV infections within high risk communities
d) All of these Policy announcements & scientific breakthroughs point to major changes in thought & practice; they all point to the importance of the ADAP program adapting to cover as many people as possible in as many ways as possible, to ensure no one goes without access to medications.

e) A new paradigm with as much importance keeping people on private insurance plans as providing direct medications; this new emphasis on ensuring as many people as possible are on therapy, helps them personally (as well as their communities as a whole) stay healthier & reduce new HIV infections.

So the basic question is **how do we keep people in care & on therapy? The answer is simple – by Removing Barriers.**

We've provided a lot of input regarding the vital element of client choice for pharmacy providers – they help interact with insurance plans, manage co pays & deductibles for AICP clients, now known as ADAP Premium Plus. They are an integral part of the medical team. Depending on the client's circumstances, the provider of pharmacy services may vary from region to region. Therefore, client choice is a top priority, especially for clients with private plans that have the ability to choose among a variety of pharmacy providers.

The statewide AICP program has been a model for how we can maintain insurance for people living with HIV. We can learn how to adapt that program to simply expand to include marketplace plans in the mix, with little to no disruption to how we cover plans, and more importantly how to maintain existing client choices and preferences for where they get their care & pharmacy services delivered. Updating the requirements so we can get access to Medications as soon as people know they have a positive status is keeping up with Federal guidelines for healthcare. Symptomatic is a phrase of the past. Getting people on therapy as soon as possible is expected for any HIV medical standard of care in today's world.

By working together, we can build a reasonable expectation for the new procurement process for the upcoming new & enhanced PBM function we require, addressing the operational needs of the ADAP Program as well as the needs of the clients.

The statewide FCPN requested to be more readily involved in providing the needs of the local communities so they ADAP Program can proactively address these requirements in an upcoming procurement. REQUIRING a pharmacy network with multiple pharmacy providers is the first primary component of this need.

The FL DOH & ADAP in particular should use the vast expertise and commitment from their own advisory groups in gathering data needs & trends from the local level to assure they have covered all the aspects of coverage we need in this changing environment, where the ACA Marketplace plans will eventually enroll over 25% of our clients in their private insurance plans.

In closing, we EXPECT you to work in a meaningful way with the communities of Florida to come up with efficient, effective & viable solutions that meet the needs of the clients as well as your administrative reporting needs. Use your existing advisory groups & their expertise to enhance existing programs, like AICP & Area 10's (SFAN) Medication Co pay program as best practices to update the ADAP Program to include Marketplace plan coverage, and provide Pharmacy network variety for clients to decide which pharmacy is best for them.

Thanks you for your time & We look ford to hearing back from you with a report identifying the trends you uncovered as you move across the state to hear from various communities.

CHAPTER 64D-4
ELIGIBILITY AND PROGRAM REQUIREMENTS FOR HIV/AIDS PATIENT CARE PROGRAMS

~~**64D-4.001 Purpose.**~~

~~(1) The Department of Health, Bureau of HIV/AIDS, HIV/AIDS Patient Care Programs are intended to provide primary health care and support services to low-income persons living with HIV disease, based on availability, accessibility and funding of the program.~~

~~(2) It is the Department of Health's responsibility to establish eligibility requirements to ensure services are provided to the individuals intended.~~

~~*Rulemaking Authority 381.0011(2), (3), 381.003 FS. Law Implemented 381.001, 381.003(1) FS. History–New 1-23-07.*~~

64D-4.002 - Definitions.

For the purpose of this rule chapter, the words and phrases listed below are defined in the following manner:

~~(1) "Allowable Services" mean the HIV/AIDS patient care services listed in the current federal Glossary of Services as referenced by the Health Resources and Services Administration in the Ryan White CARE Act Title II Manual (2002); the eligible activities as governed by 24 CFR Part 574.300 (b)(1) and (6) by the U. S. Department of Federal Housing and Urban Development (HUD), (effective April 11, 1994); and, the list of HIV/AIDS patient care services administered by the Department of Health, Bureau of HIV/AIDS, all of which are incorporated by reference and available upon request from the Department of Health, Bureau of HIV/AIDS at 4052 Bald Cypress Way, Bin A09, Tallahassee, FL 32399-1715. Allowable Services are based on availability, accessibility and funding of the service.~~

~~(2) "Application" means the application, instructions and information in the brochure titled the Application and Eligibility Requirements (#DH 150-884, effective 1-23-07), which is incorporated by reference. The Application and Eligibility Requirements brochure can be obtained at any Florida county health department.~~

~~(3) "Applicant" means an individual who has submitted or is in process of preparing and submitting the application.~~

~~(4) "Bureau" means the Department of Health, Bureau of HIV/AIDS.~~

~~(5) "Client" means an applicant who has been determined eligible.~~

~~(6) "Department" means the Florida Department of Health.~~

~~(7) "Eligible" means approved by the Department to receive allowable services.~~

~~(8) "Eligibility Staff" means personnel authorized by the Department to determine eligibility.~~

(1) ~~(9)~~ "Federal Poverty Level" ~~(FPL)~~ means the poverty income levels (effective January 2013 ~~2009~~) as published by the U.S. Department of Health and Human Services (HHS), Federal Office of Management and Budget (OMB), which is incorporated by reference. The federal poverty guidelines are located on the Florida Department of Health, Bureau of Communicable Diseases ~~Bureau of HIV/AIDS~~ website at: http://www.doh.state.fl.us/disease_ctrl/aids/care/EligibilityAdRule.html and the U.S. Department of Health and Human Services website at: http://aspe.hhs.gov/poverty/13poverty.cfm ~~http://aspe.hhs.gov/poverty/09poverty.shtml~~ or can be obtained at any Florida county health department.

(2) ~~(10)~~ "Household Income" means income from all sources received by the Applicant ~~applicant~~, the Applicant's ~~applicant's~~ spouse (if married) and other adult persons living in the home, if they are included in the household size as defined in subsection 64D-4.001 (3) ~~64D-4.002(11)~~, F.A.C.

(3) ~~(11)~~ "Household Size" means the number of persons in an Applicant's ~~applicant's~~ household whose income is counted for purposes of determining the Federal Poverty Level. ~~defined in subsection 64D-4.002(9), F.A.C.~~ The number counted in household size includes the Applicant ~~applicant~~, the spouse (if married) and any adults ~~such as parents, adult siblings, adult children, significant others and partners~~ who live with the applicant and ~~meet one or more of the following~~:

(a) Claims the Applicant ~~applicant~~ as a dependent on a tax return.

~~(b) Claims the applicant on a health insurance policy. This does not apply to life insurance when the applicant is claimed as the beneficiary.~~

(b) ~~(c)~~ Have ~~Has~~ legal custody ~~or other legal arrangement or guardianship~~ of the applicant.

~~(d) Has commingled funds with the applicant, such as banking accounts, savings accounts, business, mortgage agreement or other personal finances.~~

(4) ~~(12)~~ "HIV/AIDS Patient Care Programs" means the:

(a) Ryan White Part B ~~Title II~~ Consortia Program.

(b) Ryan White Part B ~~Title II~~ AIDS Drug Assistance Program.

(c) Ryan White Part B ~~Title II~~ AIDS Insurance Continuation Program.

(d) State Housing Opportunities for Persons with AIDS (HOPWA) Program, and

(e) HIV/AIDS Patient Care programs ~~Programs~~ provided by the patient care networks and county health departments as administered by the Florida Department of Health, Bureau of Communicable Diseases ~~Bureau of HIV/AIDS~~.

(5) ~~(13)~~ "Low Income" means a gross household income at or below 400% of the Federal Poverty Level ~~FPL in accordance with subsection 64D-4.002(9), F.A.C.~~ For the purpose of HOPWA, Low Income means 80% of the medium income, which is found at the following link: http//:www.huduser.org/portal/datasets/il.html.

~~(14) "Program Qualifications" are program specific requirements to qualify for enrollment in the following single service programs, after eligibility has been approved:~~

~~(a) Ryan White Title II AIDS Drug Assistance Program.~~

~~(b) Ryan White Title II AIDS Insurance Continuation Program.~~

~~(c) State Housing Opportunities for Persons with AIDS.~~

~~(15) "Verification" means to confirm the accuracy of information through sources other than a self-declaratory statement of the individual originally supplying the information.~~

Rulemaking Authority ~~381.0011(2), (3),~~ 381.003(2) FS. Law Implemented 381.001, 381.003~~(1),~~ 381.0011 FS. History–New 1-23-07, Amended 8-31-07, 3-21-08, 10-27-08, 3-30-09, _____.

64D-4.003 Eligibility and Documentation Requirements.

The Applicant for HIV/AIDS Patient Care programs is eligible to be linked to services based on ~~with~~ a preliminary positive HIV test as defined by s. 381.004(1)(d), F.S. For the purpose of this rule, linkage to service is defined as referring the applicant to eligibility determination, counseling, and the scheduling of medical appointments.

To receive services from one of the HIV/AIDS Patient Care Programs, an Applicant~~The applicant eligibility and documentation requirements to receive allowable services from the HIV/AIDS Patient Care Programs include the following~~:

(1) Must have a test approved by the Food and Drug Administration for ~~confirmation~~ diagnosis of HIV infection. ~~documentation of a medical diagnosis of HIV disease with a laboratory test documenting confirmed HIV infection from one of the following:~~

~~(a) A confirmed positive HIV antibody test result (Reactive EIA/ELISA screening test confirmed by Western Blot or Immunofluorescense Assay (IFA) or Nucleic Acid Testing (Aptima) by blood, oral fluid or urine.~~

~~(b) A positive HIV direct viral test such as PCR or P24 antigen.~~

~~(c) A positive viral culture result.~~

~~(d) A detectable HIV-viral load or viral resistance test result.~~

(2) Must be living in Florida.

(3) Cannot be receiving the same services or be eligible to participate in local, state or federal programs where the same type service is provided or available. ~~This requirement does not preclude an individual from receiving allowable services not provided or available by other local, state or federal programs, or pending a determination of eligibility from other local, state or federal programs.~~

(4) Must have Low Income~~low-income~~.

(5) Must submit a complete and signed Application, DH150-884 (effective 2013), Application and Eligibility Requirements, which is incorporated by references, and ~~be willing to cooperate with eligibility staff during the eligibility process and sign and~~ comply with the Rights and Responsibilities stated ~~established~~ in the application. The Application can be obtained at any Florida county health department and is also available on line at http://www.doh.state.fl.us/Disease_ctrl/aids/care/Attachment_G_Application.pdf.

(6) ~~Must submit a completed application in accordance with the application instructions.~~ Must not be currently institutionalized in a prison, nursing home or hospital.

(7) ~~Must include all requested information and documentation with the application or during the eligibility process. Failure to provide the requested information may delay or prevent a determination of eligibility.~~ Eligibility of a client is re-determined every six months or at shorter intervals if the client's income or other factors change before the six month period.

(8) A Client is not eligible if they are:

(a) No longer living in Florida.

(b) Eligible to receive services from is participating in local, state or federal programs where the same type of service is provided or available.

(c) No longer Low Income.

(d) Not in compliance with their Responsibilities under the Application.

(e) Is currently institutionalized in a prison, nursing home or hospital.

Rulemaking Authority ~~381.0011(2), (3)~~, 381.00(2) FS. Law Implemented 381.001, 381.003~~(1)~~, 381.0011 FS. History–New 1-23-07, Amended 10-27-08,_____.

~~64D-4.004 Determined Eligible or Ineligible.~~

~~(1) Eligibility staff are required to complete verification and make a determination of eligibility of an applicant's status within 30 days from the receipt of the application and requested information. The time limit can be extended for unusual circumstances with supervisory approval.~~

(2) If determined eligible, the applicant is provided a written confirmation of the eligibility determination and referrals are made to the appropriate programs for allowable services.

(3) If determined ineligible, the applicant is provided a written explanation as to why he/she is ineligible and is provided information on the right to appeal the decision.

(4) An exception to the eligibility requirements must be approved by the Department or designated staff. The following criteria applies for all exception requests:

(a) The reason for the request for exception must include one of the following:

1. To prevent the loss of health insurance benefits, or

2. To prevent hospitalization, or

3. To ensure continued access to medications and treatment.

(b) The request for an exception can be granted only for:

1. An emergency situation, and

2. A short-term circumstance (less than 180 days).

Rulemaking Authority 381.0011(2), (3), 381.003 FS. Law Implemented 381.001, 381.003(1) FS. History–New 1-23-07.

64D-4.005 Re-Determination and Continued Eligibility.

(1) Eligibility of an existing client is re-determined every six months or at shorter intervals if the client's income and other eligibility factors change before the 6-month period. The written confirmation requirements established in Rules 64D-4.003 and 64D-4.004, F.A.C., of this rule will apply.

(2) The client must report any change in his/her situation, which will impact his/her eligibility status to the eligibility staff no later than 10 days after it is known.

(3) A client can be determined ineligible to receive services for the following reasons:

(a) A client is no longer living in Florida.

(b) A client is eligible to receive services or is participating in local, state or federal programs where the same type service is provided or available.

(c) A client is no longer considered low-income.

(d) A client has not complied with the Rights and Responsibilities in the application.

(4) The exception requirements established in subsection 64D-4.004(4), F.A.C., of this rule will apply during the re-determination of a client's eligibility.

~~*Rulemaking Authority 381.0011(2), (3), 381.003 FS. Law Implemented 381.001, 381.003(1) FS. History–New 1-23-07.*~~

~~64D-4.006 Rights and Responsibilities.~~

~~(1) The applicant or client must comply with the rights and responsibilities established in the application throughout the eligibility process and during participation in the HIV/AIDS Patient Care Programs.~~

~~(2) Failure to comply with the rights and responsibilities established in the application at any time during the initial eligibility and re-determination process or while receiving services from the HIV/AIDS Patient Care Programs will result in a written notification to the applicant or client with the following information:~~

~~(a) A Notice of Rights information advising the individual of their rights to a fair hearing, if they are not satisfied or disagree with an action taken;~~

~~(b) A written explanation of the specific violation cited;~~

~~(c) A written explanation of how to remedy the problem by a specified time;~~

~~(d) Notification that time-limited suspension or final termination from the HIV/AIDS Patient Care Programs will result if the applicant or client fails to remedy the specified problem within a designated time frame.~~

~~*Rulemaking Authority 381.0011(2), (3), 381.003 FS. Law Implemented 381.001, 381.003(1) FS. History–New 1-23-07.*~~

64D-4.007 AIDS Drug Assistance Program (ADAP)

The program qualifications for the AIDS Drug Assistance Program (ADAP) are:

(1) Must have a prescription for at least one antiretroviral on the ADAP Formulary.

(2) Must have CD4 and HIV Viral Load laboratory results that are less than six months old at the time of enrollment or recertification.

(3) Must not be currently institutionalized; to include but not limited to in a, prison, nursing home or a hospital.

(4) Must not be eligible for prescription coverage from Medicaid, Medicare, private insurance, or for any service to the extent that payment has been made, or can reasonably be expected to be made by another payer source.

Rulemaking Authority 381.003(2) FS. Law Implemented 381.001, 381.003, 381.0011 FS. History–New _____.

64D-4.008 ADAP Premium Plus Insurance Services.

The program qualifications for the ADAP Premium Plus Insurance are:

(1) Must be diagnosed as HIV symptomatic or AIDS.

(2) Must currently be covered by private health insurance.

(3) Must be enrolled in the Florida ADAP in order to receive assistance with premiums, copayments and/or deductibles.

(4) Must be enrolled in a plan that the Florida ADAP will support or provide wrap-around services.

(5) Must utilize the ADAP contracted pharmacy(ies) to receive premium assistance, medication co-payment and/or deductible assistance from Florida ADAP.

Rulemaking Authority 381.003(2) FS. Law Implemented 381.001, 381.003, 381.0011 FS. History–New _____.